

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application For a class C
Charter Certificate

Henry Cheeks dba Cheeks
Transportation

(Please type or print)

Submitted by: Henry T. Cheeks

Address: 109 Midwood Tr. Travelers Rest
S.C. 29690

Telephone:

864-349-6771

Fax:

Other:

864-787-7492

Email: Henry Cheeks Jr @ ychco.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED

APR 05 2010

PSC SC
CLERK'S OFFICE

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

H.T.C 2010-133-T
~~2010~~ - ~~0~~ - ~~0~~

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

223271

JS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 3-17-10

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Cheeks Transportation LLC / Sole proprietorship

109 Midwood Rd. Travelers Rest S.C. 29690

Street Address of Applicant

Mailing Address of Applicant if different from street address

(803) 349-6771

Phone

Fax

Henry Cheeks Jr @ yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
 Month 3 Year 10

Assets:

Cash	\$800.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$ 10,000.00
Garage Equipment (Net)	\$ 500.00
Machinery and Tools (Net)	\$ 200.00
Supplies on Hand	\$ 200.00
Prepays and Other Assets	\$ 1,000.00
Total Assets	\$ 12,700.00
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	361.00
Mortgages Payable	788. monthly
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	
Other Liabilities	Car payment 210.00
Total Liabilities	1,359.00
Capital Stock	0
Retained Earnings	0
Total Equity	
Total Liabilities and Equity	12,700.00 Equity 1,359.00 Liabilities

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

- \$80.00 round trip locally for wheel chair service
- \$35.00 one way locally for wheel chair service
- \$1.75 a mile that is out of my 30 mile radius
- \$2.00 a mile for wheel chair service out of my 30 mile radius
- \$60.00 round trip locally
- \$30.00 one way locally

Countries to be Served

greenville county

Maximum Number of Passengers per Vehicle:

15 fifteen passengers

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for: **Cheeks Transportation, Corp.**

Name of Motor Carrier

Address of Motor Carrier
**109 Midwood Road
Travelers Rest, SC 29690**

Amount of Premium:

Liability Insurance \$ **2,471.⁰⁰**

The above quoted premium is for a term of **12** months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Liability Combined Each Occurrence

\$ 1,000,000

Medical Payments per Person

\$ 1,000

Limits Quoted

**1,000,000
5,000.⁰⁰**

Progressive Insurance Company

Name of Insurance Company

P.O. Box 6807 Cleveland, Ohio 44101

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/17/10

Date

W. Chudhury

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Checks Transportation

Name

2010193

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Greenville

Henry T. Cheeks
Applicant's Signature

I, OSVALDO B. CUSTODIO . BANK MANAGER
Name of Applicant's Representative Title

of HENRY T. CHEEKS
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Signature of Applicant's Representative

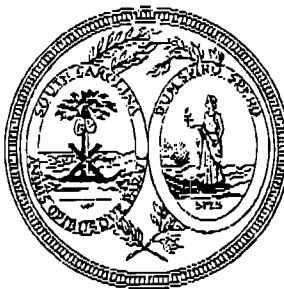
SWORN TO BEFORE ME
This 18 day of MARCH, 2010

[Signature]
Notary Public

Commission Expires 05 JAN 2014

OSVALDO B. CUSTODIO JR.
Notary Public - Notary Seal
STATE OF SOUTH CAROLINA
My Commission Expires: Jan. 5, 2014

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHEEKS TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 11th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
31st day of March, 2010.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

Name of Limited Liability Company

CHEEKS TRANSPORTATION

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☒ ^{WTO} Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Name _____

Street Address _____

City _____

State _____

Zip Code _____

(b)

Name _____

Street Address _____

City _____

State _____

Zip Code _____

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signature of Organizer _____

Signature of Organizer _____

Date

Date

**CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE**

FILED

APR 01 2010

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00**

1 COPY

Mark Hammond
SECRETARY OF STATE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Cheeks Transportation, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

109 Midwood Rd

Street Address

Travelers Rest, SC

29690

Zip Code

City

3. The initial agent for service of process is

Henry Cheeks

Name

Henry T. Cheeks
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

109 Midwood Rd

Street Address

Travelers Rest, SC

29690

Zip Code

City

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Henry Cheeks

Name

109 Midwood Rd

Street Address

Travelers Rest, SC

State

29690

Zip Code

City

(b)

Name

Street Address

State

Zip Code

City

Form Revised by South Carolina
Secretary of State, December 2009

100316-0187

FILED: 03/11/2010

CHEEKS TRANSPORTATION, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State